

FORM 2
MCH BUDGET DETAILS FOR FY _____

[Secs.504(d) and 505(a)(3)(4)]

1. FEDERAL ALLOCATION

\$ _____

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A. Preventive and primary care for children:

\$ _____ (____%)

B. Children with special health care needs:

\$ _____ (____%)

(If either A or B is less than 30%, a waiver request must accompany the application) [Sec. 505(a)(3)]

C. Title V administrative costs:

\$ _____ (____%)

(The above figure cannot be more than 10% [Sec. 504(d)])

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ _____

3. TOTAL STATE FUNDS

(MATCH & OVERMATCH) (Item 15c of SF 424)

\$ _____

(Enter below your State's FY1989 Maintenance of Effort Amount)

A. \$ _____

4. LOCAL MCH FUNDS (Item 15d of SF424)

\$ _____

5. OTHER FUNDS (Item 15e of the SF 424)

\$ _____

6. PROGRAM INCOME (Item 15f of SF 424)

\$ _____

7. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL) \$ _____

(Total lines 1 through 6. Same as line 15g of SF 424)

8. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ _____

b. SSDI: \$ _____

c. CISS: \$ _____

d. Abstinence Education \$ _____

e. Healthy Start: \$ _____

f. EMSC: \$ _____

g. WIC: \$ _____

h. AIDS: \$ _____

i. CDC: \$ _____

j. Education: \$ _____

k. Other: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

9. OTHER FEDERAL FUNDS (SUBTOTAL)

\$ _____

10. STATE MCH BUDGET GRAND TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ _____

INSTRUCTIONS FOR COMPLETION OF FORM 2
MCH BUDGET DETAILS FOR FY _____

Title V Citation:

Section 504(d) states: "Of the amounts paid to a State...not more than 10 percent may be used for administering the fund paid..." In order to be entitled to payments for allotments under Title V, Section 505(a)(3) provides that the State will use: "(A) at least 30 percent of such payment amounts for preventive and primary care services for children, and (B) at least 30 percent of such payment amounts for services to children with special health care needs." Section 505(a)(4) provides that "a State receiving funds for maternal and child health services...shall maintain the level of funds being provided solely by such State for maternal and child health programs at a level at least equal to the level that such State provided for such programs in fiscal year 1989..."

Instructions:

A glossary of terms is presented in Section 10.1 of this document.

This form provides details of the State's MCH budget and the fulfillment of certain spending requirements under Title V for a given year.

- Line 1. Enter the amount of the Federal Title V allocation. This is to be the same figure that appears in line 15a of the AFS (SF 424) and in the "Budgeted" column of line 1 of Form 3 (for the appropriate year).
- Line 1A. Enter the amount of the Federal allotment your State is budgeting for preventive and primary care for children and enter the percentage of the total (Line 1) this amount represents.
- Line 1B. Enter the amount of the Federal allotment your State is budgeting for children with special health care needs and enter the percentage of the total (Line 1) this amount represents.
- Line 1C. Enter the amount of the Federal allotment your State is budgeting for the administration of the allotment and enter the percentage of the total (Line 1) this amount represents.
- Line 2. Enter the amount of carryover from the previous year's MCH Block Grant Allocation (the unobligated balance). This is to be the same figure that appears in line 15b of the AFS (SF 424) and in the "Budgeted" column of line 2 of Form 3 (for the appropriate year).
- Line 3. Enter the amount of your State's total funds for the Title V allocation (match and overmatch). This is to be the same figure that appears in line 15c of the AFS (SF 424) and in the "Budgeted" column of line 3 of Form 3 (for the appropriate year).
- Line 3A. Enter your State's FY 1989 Maintenance of Effort amount.
- Line 4. Enter the amount of total MCH dedicated funds garnered from local jurisdictions within your State. This is to be the same figure that appears in line 15d of the AFS (SF 424) and in the "Budgeted" column of line 4 of Form 3 (for the appropriate year).
- Line 5. Enter the total of MCH funds available from other sources such as foundations. This is to be the same figure that appears in line 15e of the AFS (SF 424) and in the "Budgeted" column of line 5 of Form 3 (for the appropriate year).
- Line 6. Enter the amount of MCH program income funds collected by your State's MCH agencies from insurance payments, MEDICAID, HMO's, etc. This is to be the same figure that appears in line 15f of the AFS (SF 424) and in the "Budgeted" column of line 6 of Form 3 (for the appropriate year).
- Line 7. Enter the amount of the total of lines 1, 2, 3, 4, 5, and 6. This is the "Federal-State Title V Block Grant Partnership" and is to be the same figure that appears in line 15g of SF 424 and in the "Budgeted" column of line 7 of Form 3.
- Line 8. On the appropriate lines (a through k) enter Federal funds **other** than the Title V Block Grant that are under the control of the person responsible for the administration of the Title V program. If line 8k is utilized, specify the source(s) of the funds in the order of the amount provided starting with the source of the most funds. If more than two lines are required, add a footnote at the bottom of the page showing additional sources and amounts.
- Line 9. Enter the sum of Lines 8a through 8k. This is to be the same figure that appears in the "Budgeted" column of line 8 of Form 3 (for the appropriate year).
- Line 10. Enter the sum of lines 7 and 9. This is the total of all MCH funds administered by your State's MCH program and is to be the same figure that appears in the "Budgeted" column of line 9 of Form 3 (for the appropriate year).